

TRANSMITTAL LETTER  
**P000000 39316**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: NORTH FLORIDA LUBE SYSTEMS, INC.  
(Proposed corporate name - must include suffix)

400003215384--9  
-04/19/00--01088--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: LUCINDA MOWRY BROWN  
Name (Printed or typed)

P.O. Box 74  
Address

DAY, FLORIDA 32013  
City, State & Zip

(904) 776-1643  
Daytime Telephone number

RECEIVED

00 APR 19 PM 2:44

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 19 PM 2:46

APPROVED  
AND  
FILED

NOTE: Please provide the original and one copy of the articles.

T. SMITH APR 19 2000

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: NORTH FLORIDA LUBE SYSTEMS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13906 164<sup>th</sup> ST.  
MCALPIN, FLORIDA  
32062

MAILING ADDRESS  
P.O. Box 74  
DAY, FLORIDA  
32013

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(1) ONE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LUCINDA MOWRY BROWN  
13906 164<sup>th</sup> ST.  
MCALPIN, FLORIDA 32062

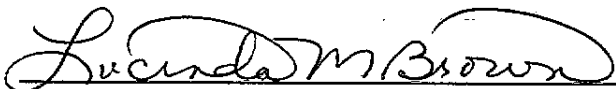
MAILING ADDRESS  
P.O. Box 74  
DAY, FLORIDA  
32013

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LUCINDA MOWRY BROWN  
13906 164<sup>th</sup> ST.  
MCALPIN, FLORIDA 32062

MAILING ADDRESS  
P.O. Box 74  
DAY FLORIDA  
32013



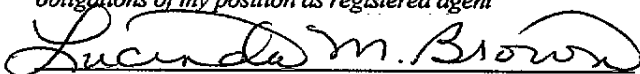
Signature/Incorporator

4/19/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

4/19/00

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 19 PM 2:46

APPROVED  
AND  
FILED